

**Natural Resources and
Environmental Protection Cabinet**

DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WASTE MANAGEMENT
14 REILLY ROAD
FRANKFORT, KENTUCKY 40601
TELEPHONE NUMBER (502) 564-6716

**APPLICATION FOR OPERATOR CERTIFICATION
DEP 6031 (3/92)**

GENERAL INSTRUCTIONS

1. Print in ink or type.
2. Answer each item completely and accurately. Incomplete answers may cause delays.

Application is hereby made for a certificate to:

(Check as appropriate)

_____ Operate

_____ Landfill

_____ Special Waste

_____ Manage

_____ Landfarm

_____ Solid Waste

_____ Compost

If Landfill, type or landfill; If landfarm or compost facility, description of waste: _____

1. Name _____
(Last) (First) (Middle)
2. Home Address _____
(Street, R.F.D., or P.O. Box No.) (City) (State/Zip)

(Telephone)
3. Date of Birth _____ Social Security Number _____
4. Are you, or have you ever been, certified in Kentucky to operate the type of facility for which certification is being sought? ____ Yes ____ No
If yes, indicate certificate number _____ and expiration date _____.
5. Have you ever had an operator's certificate revoked?
____ Yes ____ No If yes, give date _____
6. Are you presently employed by a waste facility?
____ Yes ____ No If yes, complete the following:
Name of Facility _____
Address _____
City _____ State _____ Zip Code _____
Telephone No. _____
Facility Type _____
Facility Permit No. _____
County _____

7. Education

GRADE SCHOOL: Circle highest year completed 1 2 3 4 5 6 7 8

Name and address of school_____

HIGH SCHOOL: Circle highest year completed 9 10 11 12

Name and location of school_____

Diploma? ____Yes ____No Date of Graduation_____

EQUIVALENCY TEST (GED)? ____Yes ____No Date_____

COLLEGE: 1 2 3 4 or number of Semester_____or Quarter_____ hours completed.

Name and location of College or University_____

Major and Minor_____

Degree Earned_____

GRADUATE SCHOOL:_____Semester_____or Quarter hours completed.

Name and location of College or University_____

Course of study_____Degree earned_____

Special courses (Correspondence courses, training schools, etc.)

a. Name of Course_____Hours of Training_____

Date of Completion_____

Course Description_____

Name and Location of Training Institution_____

b. Name of Course_____Hours of Training_____

Date of Completion_____

Course Description_____

Name and Location of Training Institution_____

- c. Name of Course_____Hours of Training_____
- Date of Completion_____
- Course Description_____
- Name and Location of Training Institution_____
- _____

6. Employment (List most recent first)

- a. Name of Employer_____
- Employed from mo.____yr____to mo.____yr.____
- Title_____
- Description of Duties_____
- _____
- b. Name of Employer_____
- Employed from mo.____yr____to mo.____yr.____
- Title_____
- Description of Duties_____
- _____
- c. Name of Employer_____
- Employed from mo.____yr____to mo.____yr.____
- Title_____
- Description of Duties_____
- _____

I certify that the information given in this application is complete and correct. I am aware that, should an investigation at any time show falsification of records, I will be disqualified from the certification examination. Further, if my certificate is obtained through fraud, deceit, or the submission of inaccurate data, my certificate will be revoked and I will be ineligible for future recertification.

Signature of Applicant

Date of Application

(Do Not Write Below This Line)

Qualified

Manager

Operator

Facility

Training

Fee Received _____ Check _____ Money Order _____ No. _____

Date Received _____

Certificate No. _____

Date Issued _____